PATENT

Docket: CU-3535				
COMBINED DECLARATION AND POWER OF ATTORNEY				
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)				
As a below named inventor, I hereby declare that:				
TYPE OF DECLARATION				
This declaration is of the following type: (check one applicable item below)				
original design supplemental				
Note: If the Declaration is for an International Application being filed as a divisional, continuation of continuation-in-part application, do <u>not</u> check next item; check appropriate one of last three items.				
national stage of PCT				
Note: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL CONTINUATION OR CIP.				
divisional continuation continuation-in-part (CIP)				
INVENTORSHIP IDENTIFICATION				
WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.				
My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:				
TITLE OF INVENTION				
SOFT TIP APPLICATOR FOR RELIEVING MOUTH PAIN				

## SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))					
(a) is attached hereto.					
(b) was filed on as Serial No or or and was amended on (if applicable).					
Note: Amendments filed after the original papers are deposited with the PTO that contain new matter are not accorded a filing date by being referred to in the Declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental Declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.					
(c) was described and claimed in PCT International Application No filed on and as amended under PCT Article 19 on (if any).					
ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,					
(also check the following items, if desired)					
and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and					
in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.					
PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))					
I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed					

below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the

application(s) of which priority is claimed

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(complete (d) or (e))

(e) such ap  Note: Where item (c)  priority check if  PRIOR  (6	applications have been file plications have been file is entered above and the interem (e), enter the details below FOREIGN/PCT APPLIC MONTHS FOR DESIGN	ed as follow ernational app w and make to ATION(S) I) PRIOR T	plication which the priority claim FILED WITHI O THIS APPI	N 12 MON LICATION		laimed	
COUNTRY (OR INDICATE IF PCT	APPLICATION NUMBER	DATE OF FILING (day/month/year)		PRIORITY CLAIMED UNDER 35 USC 119			
				YES	NO 🗌		
				YES	ио 🗌		
I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:							
PROVISION	PROVISIONAL APPLICATION NUMBER FILING DATE						
ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION							
the basis for t divisional or	ion filed more than 12 month, his application entering the continuation-in-part, then als OF ATTORNEY FOR DIVIS	United State to complete A	s as (1) the nati IDDED PAGES	ional stage of TO COMBIN	r (2) a contin ED DECLAR	uation, ATTON	

of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

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#### **POWER OF ATTORNEY**

I hereby appoint the following practitioner(s) t prosecute this application and transact all business in the Patent and Trademark Office connected therewith (list name and registration number).

Thomas F. Peterson, 24790; Richard J. Strelt, 25765; Donald P. Reynolda, 26220; W. Dennis Drehkoff, 27193; Vangelis Economou, 32341; Brian W. Hameder, 45613; Valeri Neymeyer-Tynkov, 46956; Paul B. West, 18947; Joseph H. Handelman, 26179; Peter D. Galloway 27885; John Richards, 31503; Iain C. Ballile, 24090; Richard P. Berg, 28145

Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

## SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Richard J. Streit c/o Ladas & Parry 224 South Michigan Avenue Suite 1200 Chicago, Illinois 60604

(312) 427-1300

### **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#### SIGNATURE(S)

Note: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

# Full name of sole inventor

Mohinder		SINGH		
(Given Name)	(Middle Initial or Name)	(Middle Initial or Name) (Family (or Last) Name		
Inventor's signature	Mohil. Jul			
Date / //4/0L	Country of Citizenship_	United States		
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